POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	_AM_	_7097_	_9/19_
O.I.P.E. CLASSIFIER		_21_	_9/25/00_
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		_60871_	_11-4-00_

INDEX OF CLAIMS

✔	.... Rejected		N	....	Non-elected
=	.... Allowed		I	....	Interference
—	(Through numeral)... Canceled		A	....	Appeal
÷	.... Restricted		O	....	Objected

Claim			Date										
Final	**Original**	9/20/03	3/7/04										
1	①	✔	=										
2	2	✔	=										
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Claim		Date
Final	**Original**	
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If more than 150 claims or 10 actions
staple additional she t h r

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